



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

July 19, 2006

CERTIFIED MAIL #: 7003 0500 0003 1967 0100

Leigh Schindler, Administrator
Chaparelle House, Assisted Living Concepts
1880 W Harrison Street North
Twin Falls, ID 83301

FILE COPY

Dear Ms. Schindler:

On **June 1, 2006**, a life safety code survey was conducted at your facility. We have not yet received a response from the facility for that survey, which was due by **July 1, 2006**.

Enclosed is another copy of the Punch List identifying non-core issue deficiencies cited during the survey. Please submit evidence of resolution to our office on or before **July 29, 2006**.

Should you have questions regarding the survey or developing a response, please call our office at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, BS, QMRP, MBA
Supervisor
Residential Community Care Program

JS/slc

Enclosure



IDAHO DEPARTMENT OF
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3232 Elder Street
P.O. Box 83720
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FAX 208-364-1888

July 18, 2006

CERTIFIED MAIL #: 7003 0500 0003 1967 0094

Lisa Moore, Administrator
Midland Manor
9622 West Silverbirch Street
Boise, ID 83709

FILE COPY

Dear Ms. Moore:

On **June 1, 2006**, an initial health care survey was conducted at your facility. We have not yet received a response from the facility for that survey, which was due by **July 1, 2006**.

Enclosed is another copy of the Punch List identifying non-core issue deficiencies cited during the survey. Please submit evidence of resolution to our office on or before **July 29, 2006**.

Should you have questions regarding the survey or developing a response, please call our office at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, BS, QMRP, MBA
Supervisor
Residential Community Care Program

JS/slc

Enclosure



IDAHO DEPARTMENT OF
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JAMES E. RISCH – Governor
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DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

June 15, 2006

Leigh Schindler, Administrator
Chaparelle House, Assisted Living Concepts, Inc.
1880 W Harrison St N
Twin Falls, ID 83301

FILE COPY

Dear Ms. Schindler:

On June 1, 2006, a Life Safety Code survey was conducted at Chaparelle House, Assisted Living Concepts, Inc. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by July 1, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

VIRGINIA LOPER, R.N.

Supervisor

Residential Community Care Program

VL/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R586	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 06/01/2006
NAME OF PROVIDER OR SUPPLIER CHAPARELLE HOUSE, ASSISTED LIVING COM		STREET ADDRESS, CITY, STATE, ZIP CODE 1880 W HARRISON ST N TWIN FALLS, ID 83301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R9999	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety and sanitation standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety and sanitation survey conducted on June 1, 2006. The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Team Leader Health Facility Surveyor</p>	R9999		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

B2TS21

If continuation sheet 1 of 1



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Chaparralle House</i>	Physical Address <i>1880 W Harrison Street N</i>	Phone Number <i>208 733 7511</i>
Administrator <i>Leigh Schindler</i>	City <i>Twin Falls</i>	ZIP Code <i>83301</i>
Survey Team Leader <i>Eric mandell</i>	Survey Type <i>FLS</i>	Survey Date <i>6/1/06</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.405.03	Medical Gases: Transferring of liquid oxygen was done in the sealed linen room and not in a room specifically designated for the transferring. In addition, the mechanical fan was inoperative when tested and the floor was not ceramic or concrete finished surfaces. Linoleum covered the floor surface.	8/1/06 em
2	16.03.22.415.01	System Maintenance: The door of the laundry room which is self-closing was propped open with a wedge. The door is required to be maintained in a closed position.	8/1/06 em

Response Required Date

July 1, 2006

Signature of Facility Representative

Leigh A. Schindler